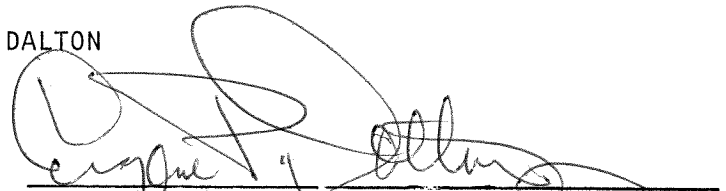


MARIPOSA COUNTY RESOLUTION NO. 85-273

BE IT HEREBY RESOLVED by the Board of Supervisors of Mariposa County, a political subdivision of the State of California, that the Board of Supervisors hereby approved the following document, and Chairman, EUGENE P. DALTON, JR., is hereby authorized to sign same: Close-out package for DOE Weatherization Contract #84-852-1116


PASSED AND ADOPTED by the Mariposa County Board of Supervisors this 27th day of August , 1985, by the following vote:

- AYES: ERICKSON, RADANOVICH, TABER
- NOES: NONE
- ABSENT: BARRICK, DALTON
- ABSTAINED: NONE



 EUGENE P. DALTON, JR., Chairman
 Mariposa County Board of Supervisors

ATTEST:

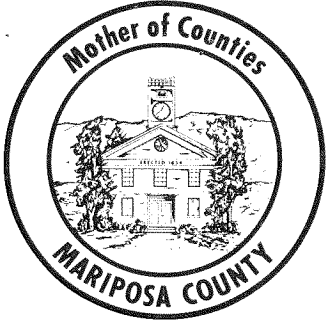


 GERALD MC CARTHY, County Clerk and
 Ex Officio Clerk of the Board

APPROVED AS TO FORM AND LEGAL SUFFICIENCY:



 JEFFREY B. GREEN
 County Counsel



MARIPOSA COUNTY
DEPARTMENT OF SOCIAL WELFARE
HEALTH & WELFARE BUILDING
HWY. 49 NEAR JCT. HWY. 140

YOLANDA LENIER RINALDO, Director
Telephone: (209) 966-3609

POST OFFICE BOX 7
MARIPOSA, CALIFORNIA 95338

August 19, 1985

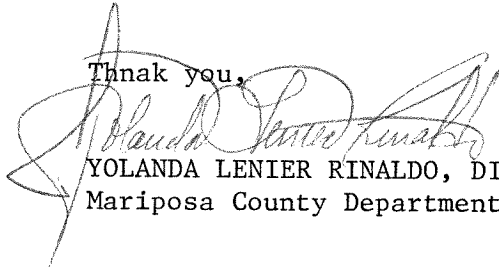
TO: HONORABLE BOARD OF SUPERVISORS

FROM: YOLANDA LENIER RINALDO, DIRECTOR
MARIPOSA COUNTY DEPARTMENT OF SOCIAL WELFARE

SUBJECT: DOE CONTRACT CLOSE-OUT 84-852-1116

Please direct the Chairman of the Board to sign the
close-out package for Contract # 84-852-1116.

Thank you,



YOLANDA LENIER RINALDO, DIRECTOR
Mariposa County Department of Social Welfare

*9/13 Orig given to
Chair w/ cert. copy of
Res. #
submit to State.
mwr*

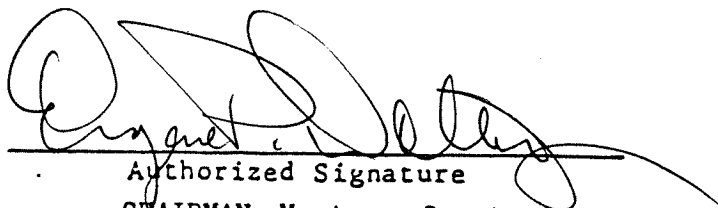
CONTRACTOR SUBMITTAL OF CLOSE-OUT DOCUMENTS

ENCLOSURE 1

<p style="text-align: center;">Contractor's Name and Address</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <p>Mariposa County Board of Supervisors P. O. Box 7 Mariposa, CA 95338</p> </div>	<p style="text-align: center;">Date</p> <p>8/19/85</p>	<p style="text-align: center;">Contract #</p> <p>84-852-1116</p>
---	---	---

As you requested in the contract close-out notification letter dated _____ I have taken actions related to the close-out of subject contract and am enclosing required close-out documents as follows: (Check appropriate boxes. Each item must be covered. Explain fully any item not submitted. Use separate sheet, if necessary.)

Enclosed	Unable to furnish		
<input checked="" type="checkbox"/> N/A	<input type="checkbox"/>	Explanation:	1. Refund Check
<input checked="" type="checkbox"/> X	<input type="checkbox"/>	Explanation:	2. Financial Status Report
<input checked="" type="checkbox"/> X	<input type="checkbox"/>	Explanation:	3. Final Activity Report, Form 050
<input checked="" type="checkbox"/> X	<input type="checkbox"/>	Explanation:	4. Final Report of Expenditures
<input checked="" type="checkbox"/> X	<input type="checkbox"/>	Explanation:	5. Final Inventory
<input checked="" type="checkbox"/> X	<input type="checkbox"/>	Explanation:	6. Release Form



 Authorized Signature
 CHAIRMAN, Mariposa County
 Board of Supervisors

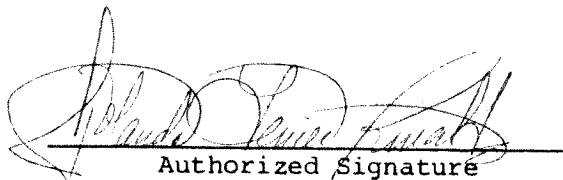
FINANCIAL STATUS REPORT

Contractor Name: Mariposa County Board of Supervisors

Contract Number: 84-852-1116

Reimbursements

<u>Amount</u>	<u>Date Received</u>	<u>Expenditures</u>	<u>Date Incurred</u>
\$ 4,980.00	11/9/84	\$7,996.44	October '84
11,016.00	1/10/85	3,328.04	November '84
3,328.00	1/10/85	591.14	December '84
2,672.00	3/4/85	4,097.20	January '84
		6,257.04	February '84
** 5,001.71		6,514.16	March '84
** Inventory purchased from LIHEAP			
<u>\$26,998.00</u>	TOTAL	<u>\$28,784.00</u>	TOTAL


 Authorized Signature

8-19-85
 Date

Yolanda Lenier Rinaldo, Director
 Mariposa County Department of Social Welfare
 Typed Name and Title

Project Code 852	Contract Number 84-852-1116	Invoice Preparation Date 8/19/85	Report Month and Year Close-out
TO: OFFICE OF ECONOMIC OPPORTUNITY WEATHERIZATION DIVISION 1600 Ninth Street, Room 340 Sacramento, CA 95814		FROM: (mailing address must be shown on contract) Mariposa County Board of Supervisors P. O. Box 7 Mariposa, CA 95338	

I. ADVANCE REQUEST

THIS SECTION FOR INITIAL ADVANCE REQUEST ONLY.	Amount Requested \$ _____	Expense/Activity Codes 931-051
--	------------------------------	-----------------------------------

II. EXPENDITURES AND ADJUSTMENTS

EXPENSE AND ACTIVITY CODES	COST CATEGORY	(1) PROGRAM BUDGET	(2) LAST MONTH'S CUMULATIVE EXPENDITURES	(3) ADJUSTMENT TO LAST MO. CUMULATIVE EXPENDITURES	(4) REPORT MONTH EXPENDITURES	(5) CUMULATIVE EXPENDITURES	(6) REMAINING BUDGET AMOUNT AVAILABLE
932-051	1. Administrative	1,500	1,426.59	(407.78)		1,018.00	
938-051	2. Materials	XXX	12,074.66	(604.66)		11,470.00	XXX
	3. Programs Support and Labor	XXX	XXX	XXX	XXX	XXX	XXX
	A. Non-Vehicular Insurance	XXX	466.40			466.	XXX
	B. Transportation/ Insurance	XXX	831.67			832.	XXX
	C. Tools, Vehicles and Equipment Purchase	XXX	23.32			23.	XXX
	D. Maintenance, Tools and Equipment	XXX	476.89			477.	XXX
	E. Labor-Crew	XXX	10,028.57	(56.57)		9,972.	XXX
	F. Labor-Crew Chief/ Crew Supervisor	XXX	1,029.15	(125.15)		904.	XXX
	G. Labor - Other	XXX	3,219.00	(21.40)		3,198.	XXX
	H. Materials Storage	XXX	423.75			424.	XXX
939-051	Program Support and Labor Subtotal (A thru H)	XXX	16,498.75	(203.12)		16,296.	XXX
	Total Program Expenditures (2 + 3)	28,500.00	28,573.41	(807.78)		27,766.	
	Grand Total (1 + 2 + 3)	30,000.00	30,000.00	(1,215.56)		28,784.	
			COLUMN 5 FROM LAST MO. FORM	EXPLAIN IN SECTION IV "REMARKS"		COLUMNS 2+3+4=5	COLUMN 1-5=6

Interest Earned for Report Month \$ _____
--

III. STATUS OF CASH

A. Total cash received to date	\$ 26,997.00	
B. Total cash requested in previous monthly reports but not received	***	\$ 26,997.00
		Subtotal 1 (A + B)
C. Cumulative earned reimbursement (Section II, Form 27P)	\$ 44,442.00	
OR		
Cumulative cost (Whichever is less)	\$ 28,784.00	
D. Anticipated total cash needed for one month following the report month *		\$ 28,784.00
		Subtotal 2 (C + D) or Budget Total (Column 1, Section II) whichever is less
E. Cash Deficiency () or surplus + (Subtotal 1 minus Subtotal 2)		\$ (1,787.00)
F. Cash requested (round off)		\$

*SHALL NOT EXCEED ONE MONTH AVERAGE TO DATE UNLESS EQUIPMENT OR VEHICLE PURCHASE IS APPROVED.

IV. REMARKS (attach additional sheets as needed)

*** \$8,004.00 was requested but never received.

V. CERTIFICATION

I CERTIFY THAT THIS REPORT IS TRUE IN ALL RESPECTS AND THAT ALL DISBURSEMENTS HAVE BEEN MADE FOR THE PURPOSE AND CONDITIONS OF THE CONTRACT.

Typed name and title
Yolanda Lenier Rinaldo, Director

Signature

Date
8-19-85

Phone

[Handwritten Signature]
(202) 966-2131

FOR CSOED USE ONLY

Approved for payment: CSOED

Authorized Signature

WEATHERIZATION

B & A

Date Prepared July 15, 1985

Contractor's Name Mariposa County Board of Supervisors Contract Number 84-852-1116 Report Period Final

I. SERVICES - WEATHERIZATION

	MONTH		TO DATE		F. SPECIAL STATUS OF HOUSEHOLDS
	LIHEAP	PVE	DOE	PVE	
A. TOTAL PERSONS ASSISTED			129		H'holds with AFDC recipients
Elderly			22		H'holds with SSI recipients
Migrant/Seasonal F'wkr.			-		H'holds with food stamps
American Indian			-		G. HOUSEHOLDS ASSISTED BY ANNUAL INCOME:
Handicapped			1		(TOTAL SHOULD EQUAL SECTION I.B TOTAL)
B. TOTAL DWELLINGS WEATHERIZED			54		Under \$2,000
Owner-Occupied			17		\$2,000 - \$3,999
Single-Family Rentals			25		\$4,000 - \$5,999
Multi-Family Rentals			5		\$6,000 - \$7,999
C. HEADS OF HOUSEHOLDS			54		\$8,000 - \$9,999
Elderly			17		\$10,000 - \$11,999
Migrant/Seasonal F'wkr.			-		\$12,000 - \$14,999
American Indian			2		\$15,000 and over
Handicapped			1		H. LABOR-OEO WEATHERIZATION PROGRAM
Other			34		CCC hours _____ CCC enrollees _____
D. NO. OF PARTIAL COMPLETIONS					JTPA hours _____ JTPA enrollees _____
E. NO. OF BACKLOGGED ELIGIBLES					JTPA wages this month _____ \$ _____
					Direct hire hours _____

II. REIMBURSEMENT COMPUTATION

A. MANDATORY	No. of Homes	Dollars	Dollars	
			Month	To Date
Water Heater Blankets	21	X \$25		525
Low-Flow Water Devices	50	X \$25		1250
Caulking	28	X \$50		1400
Entrance Door Modification	37	X \$75		2775
Attics Vented	3	X \$100		300
Weatherstripping	47	X \$75		3525
Envelope Repairs (DOE)	18	X \$150		2700
Envelope Repairs (LIHEAP)		X \$300		
Number	Square Feet			
Glazing _____ homes	96.66	X \$6		580
Ceiling Insulation Installed				
_____ homes @ < R9	1800	X 30¢		540
_____ homes @ R 19	1429.73	X 37¢		529
_____ homes @ R 30	840.43	X 47¢		395
_____ homes @ R 38		X 52¢		
B. OPTIONAL	No. of Homes			
Burner Adjustments		X \$50		
Electric Water Heater Timers		X \$50		
Clock Thermostats		X \$120		
Heating/Cooling System Repairs		X \$150		
Number	Square Feet			
Floor Insulation _____ homes	852.50	X 40¢		341
Window Coatings _____ homes		X \$2		
Storm Windows _____ homes	5054	X \$3		15,162
Mobile Home Skirting _____ homes	6496	X \$2		12,992
Heating Duct				
Insulation _____ homes		lin.Ft. X \$2		
Hot Water Pipe				
Insulation _____ homes		lin.Ft. X \$2		
Outreach & Assessment				
and Assessment _____ 54 homes		(from Sec. I. B.) x \$25		1350
Miscellaneous			TOTAL \$	44,442
Average Material Cost/Dwelling \$ _____		(based on 29P data)		

Contract Number 84-852-1116

FINAL INVENTORY CERTIFICATE

I do hereby as Chairman of Mariposa County Board of Supervisors
(TITLE) (NAME OF CONTRACTOR)

certify that the attached inventory schedules are complete and correctly list and describe all items of materials and equipment furnished to the contractor or for which the contractor has been or will be reimbursed by the grantor for use in the performance of contract number 84-852-1116, with the Office of Economic Opportunity, which as of this date have not been consumed in performance with this contract; and that I will immediately notify the grantor of any change affecting these inventory schedules at any time prior to final disposition of the inventory.

In order to properly reflect program costs at the time of termination of the D.O.E. Weatherization (P.C. 852) program, remaining consumable material inventories should be shown as a reduction in (P.C. 852) expenditures when carried over to the new program (P.C. 20105). The cost of inventories should then be recorded as an expenditure for the new program. (This applies to materials inventory only).

Signature

Eugene Dalton, Chairman
Typed Name and Title

Date

Property Officer's certification and disposition notice:

I do hereby certify that the inventory schedules submitted by the above contractor are in conformity with the records kept by this office and I have made or shall make the following disposition of the residual Federal Government Property:

Signature of Property Officer

Typed Name and Title



GEORGE DEUKMEJIAN
GOVERNOR

State of California

GOVERNOR'S OFFICE

OFFICE OF ECONOMIC OPPORTUNITY

1600 NINTH STREET, ROOM 340

SACRAMENTO 95814

(916) 322-2940

Dear Contractor:

We are updating and verifying our inventory records. In order to do so we need you to list on the enclosed Equipment Inventory Form all equipment with a purchase price of \$500 or more which was purchased with OEO weatherization program funds. All items listed must be identified (marked) as OEO property.

Agencies with vehicles and trailers must submit the Department of Motor Vehicle ownership certificate(s) (pink slip) to OEO. Certificates shall have your agency listed as the registered owner and OEO as the lien holder. Photo copies of these certificates are not acceptable.

Please forward the above mentioned Equipment Inventory Form and ownership certificate(s) if applicable, with your P.C. 852 close-out package.

If you need additional information, please contact your Area Supervisor. Area Supervisors are:

Areas 1 and 3	Maxine T. Duruisseau	(916) 323-8845
Areas 2 and 4	Hector Bautista	(916) 323-8812
Area 5	Richard Tafoya	(213) 620-4648

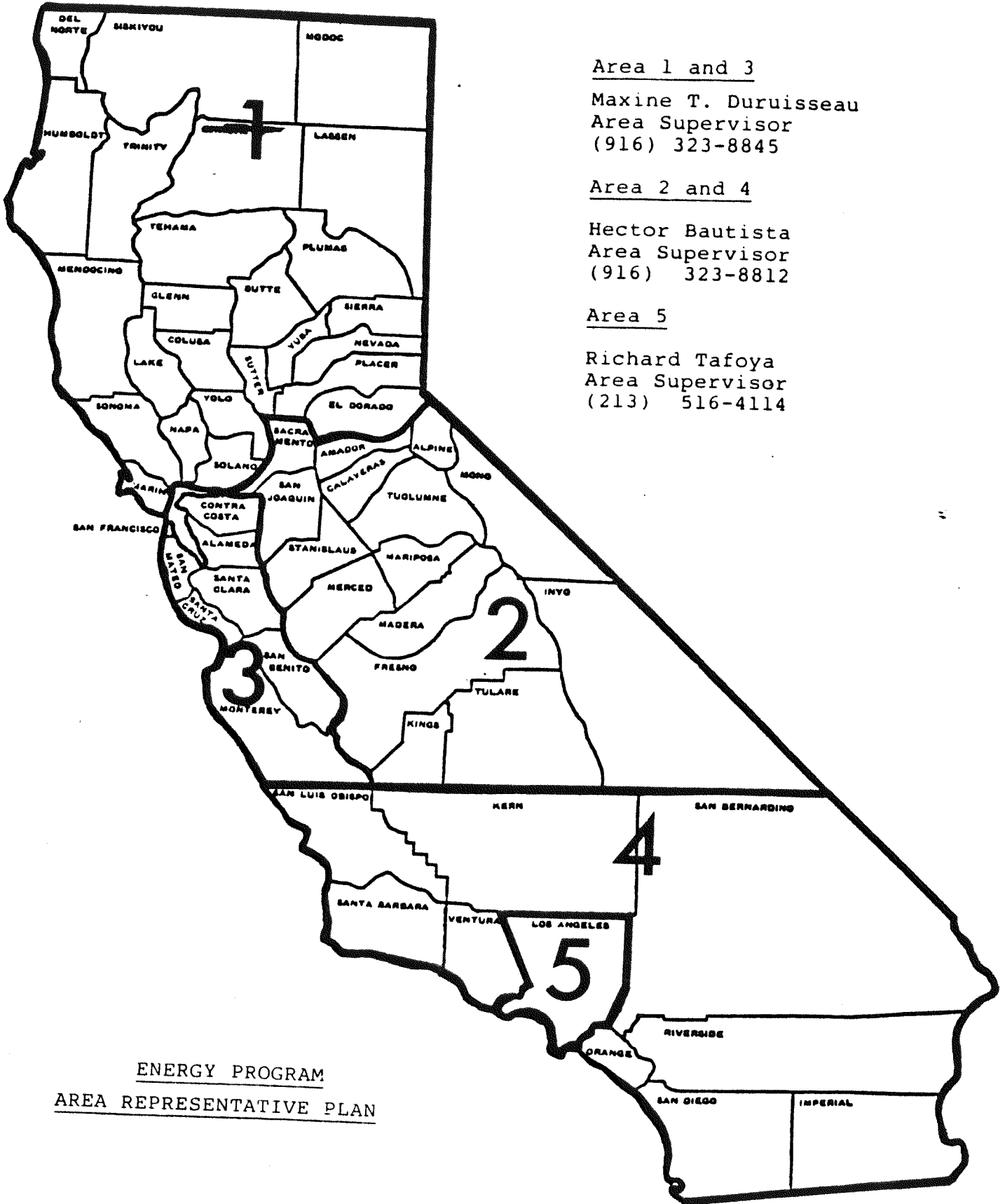
Sincerely,

A handwritten signature in cursive script that reads "Toni Curtis".

Toni Curtis
Energy Manager

TC:cs

Enclosure



Area 1 and 3

Maxine T. Duruisseau
Area Supervisor
(916) 323-8845

Area 2 and 4

Hector Bautista
Area Supervisor
(916) 323-8812

Area 5

Richard Tafoya
Area Supervisor
(213) 516-4114

ENERGY PROGRAM
AREA REPRESENTATIVE PLAN

RELEASE FORM (Enclosure 6)

***Twenty Eight Thousand, Seven Hundred Eighty Four Dollars

Pursuant to the terms of contract number 84-852-1116 and in consideration of the sum of *** (\$ 28,784.00)

(Total of amounts paid and payable)

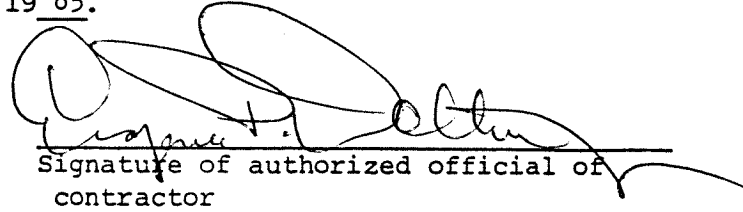
which has been or is to be paid under the said contract to Mariposa County, P. O. Box 5, Mariposa, CA 95338

(Contractor name and address)

hereinafter called the contractor, or its assignees, if any, the contractor upon payment of the said sum by the State Office of Economic Opportunity hereinafter called the grantor, does remise, release, and discharge the grantor, its officers, agents, and employees, of and from all liabilities, obligations, claims, and demands whatsoever under or arising from the said contract except:

1. Claims, together with reasonable expenses incidental thereto based upon the liabilities of the contractor to third parties arising out of the performance of the said contract which are not known to the contractor on the date of the execution of this release and of which the contractor gives notice in writing to the grantor.

IN WITNESS WHEREOF, this release has been executed this 3rd day of September, 19 85.



Signature of authorized official of contractor

Eugene Dalton, Chairman

Typed name and title

WITNESSES: _____

Note: In the case of a corporation, witnesses are not required, but the certificate below must be completed:

I, _____, certify that I am the _____
(Typed name) (Title)
of the corporation named as contractor in the foregoing release; that _____
_____ who signed said release on behalf of the contractor was
then _____ (Title of said corporation; that said release was duly
signed for and in behalf of said corporation by authority of its governing body
and is within the scope of its corporate powers.)

(CORPORATE SEAL)

Signature